Indiana State Department of Health

Project: **Indiana State Trauma Care Committee (ISTCC)**   **Date:**   **February 8, 2013 – 10:00 am**

Attendance: **Committee members present**: William C. VanNess II, MD (Chair); Mike Garvey; William Millikan, MD – Proxy for Stephen Lanzarotti, MD; Spencer Grover, Lewis Jacobson, MD; Ryan Williams, RN; Meredith Addison, RN; Lisa Hollister, RN; Lawrence Reed, MD; Gerardo Gomez, MD; Chris Hartman, MD; and Gaby Iskander, MD

Committee members present via phone: David Welsh, MD

Committee members not present: Joe Wainscott (Vice Chair); Michael McGee, MD; Scott Thomas MD; Matthew Vassy, MD; Donald Reed, MD; and Keith Kahre

ISDH Staff Present: Jim Huston, Art Logsdon; Brian Carnes, Katie Gatz; and Derek Zollinger

Agenda Item	Discussion	Action Needed	Action on Follow-up Items
1. Welcome and Introductions – William VanNess, MD Chair	Dr. VanNess opened the meeting at 10:00 am and asked attendees in the room and on the phone to introduce themselves.	N/A	N/A
2. Approval of Minutes from the October 26, 2012 meeting – William VanNess, MD Chair	Dr. VanNess asked for corrections to the October 26, 2013 Indiana State Trauma Care Committee minutes. Dr. Vassy noted that he was present at the October 26 meeting via conference call. Hearing no other corrections, Dr. VanNess entertained a motion for approval. On a motion by Dr. Lawrence Reed, seconded by Lisa Hollister and passed unanimously, the Committee approved the October 26, 2013 State Trauma Care Committee minutes as amended.	Minutes Approved as Amended	N/A
3. New Executive Order 13-11: Continuing the ISTCC Art Logsdon	Mr. Logsdon shared the Executive Order 13-11 which re-established the Indiana State Trauma Care Committee signed by Governor Michael R. Pence.		

	Dr. Larry Reed noted that Section 2c may not read the same as the original Executive Order. Mr. Logsdon stated he would check on the wording.	Art to check on EO wording in regard to Section 2c.	Report to ISTCC at May 10, 2013 meeting.
4. Trauma Registry Report Katie Gatz	Katie presented an update via power point on the progress of the Trauma Registry. She compared reports from the first and second quarters. During the third quarter, seven additional reports were received. She also highlighted the hospitals that have begun to report data. She reported that between July 1 and September 30, 4,951 incidents were reported to the system with 74 percent of this data being generated by trauma centers. Dr. Gomez asked if a report could be generated "by region". Katie noted she will have this information for the next meeting. There was discussion about "average travel times" in trauma cases. Katie reported that the average transport time is 25-minutes. However, this data cannot be tracked accurately when a patient is transported from one non-trauma facility to another non-trauma facility. It was requested that the next report include a list of non-trauma hospitals that are receiving patients. Katie also reported efforts made by staff to reach out to non-reporting facilities to encourage them to report to the Trauma Registry. Letters have been sent to all hospitals explaining the need to report data to the Trauma Registry even though the facility is not a trauma center.	Katie to compile data by region. Katie to compile data for report.	Regional data to be reported at May 10, 2013 meeting. List to be included in report at May 10, 2013 meeting.

	Dr. VanNess asked Spencer Grover, Indiana Hospital Association, if there was anything their Association could do to help with this effort. Mr. Grover stated there is an ongoing effort to make this happen. There was discussion about collecting data from other states when an Indiana resident is transported to an out-of-state facility. Katie Gatz and Derek Zollinger both reported that "data sharing" agreements are in the process with states surrounding Indiana, specifically Kentucky and Illinois.		
5. EMS data for the Trauma Registry Katie Gatz, Brian Carnes & Art Logsdon	The Trauma Registry Rule was preliminarily adopted by the ISDH Executive Board on January 9, 2013. The public hearing for this rule has not yet been scheduled but will likely happen in April, 2013. This Rule will require all hospitals, all seven rehabilitation hospitals and EMS providers to report trauma data to the Trauma Registry. The ISDH will work closely with hospitals and EMS providers on this reporting requirement. It will be a slow, ongoing process to collect as much data as possible. Art noted that this Rule was welcomed by the 7 rehab hospitals that will be required to report. EMS providers have not shared data with Homeland Security at this point and they have let us know they want to submit data to the Trauma Registry. To that end, the ISDH Trauma Registry has provided a secure website and is ensuring the data is coming through as it should. Katie Gatz reported that trauma is the focus of the ISDH but the goal is to provide good data back to the providers, not just on trauma, but on all aspects of pre-hospital care. Art Logsdon reported he and his staff attended the last EMS Commission meeting, and he presented the Trauma Registry Rule to this group. Many EMS providers in attendance asked afterward to be part of this effort. IDHS and ISDH both need the data and each Is	N/A	N/A

	moving ahead with their own data collection efforts. Katie Gatz reported that ImageTrend, the software vendor for the data collection system, is working properly and IT is working with the program to ensure it remains up and running. A pilot project is in process and so far all data is coming through as expected. The next steps are to recruit more EMS providers to report to the Trauma Registry.		
6. Trauma Tours – 2013 Version Katie Gatz, Brian Carnes & Art Logsdon	Art reported that staff will conduct Trauma tours again this year. Education and Information-sharing tours will be conducted in April and May. During this tour there will be discussion on every aspect of the Trauma system, including the Trauma and EMS registries. Last year this tour proved a great asset in building coalitions and making partnerships throughout the state, and rallied community support. Training tours will be conducted in June and July. This tour will be in conjunction with ImageTrend and the trainings will occur around the state again, with a focus on training EMS providers on the new data collection and analysis software and getting them familiar with the process. The training and software will be free. The training will focus on how the software works and attendees will receive hands-on training.	N/A	N/A
7. Triage and Transport Rule – In the Process Development and Ethics Concerns Art Logsdon	There was discussion on the "in the process" provision of the Triage and Transport Rule. Art Logsdon explained that this is a temporary provision, as the ISDH has the authority to write a designation rule and that is expected over time this provision in the EMS Rule will go away and we will write it into the designation rule. The process as it currently stands is: • Applicant makes application to the IDHS	N/A	N/A

	- IDHS fulfills its responsibility to review the application for completeness - Application moved to the ISTCC for review - ISTCC transmits recommendation back to IDHS, which issues notice to the applicant Dr. Lawrence Reed made a motion to approve the "in the process" applications for Levels I, II and III, it was seconded by Dr. Lewis Jacobson and passed unanimously. Art Logsdon asked everyone to read the Legal Opinion on Committee members avoiding conflicts of interest. Members of the Indiana State Trauma Care Committee are special state appointees under Indiana Code and therefore subject to the conflict of interest provisions in the State Ethics Code. When reviewing applications for "in the process" a Committee member who is employed by or affiliated with or has a family member who is employed by or affiliated with a hospital that comes before the Committee has a conflict of interest as to that hospital. The member should not vote on any issues involving that hospital.		
8. Other Business	Dr. VanNess encouraged attendees to talk to hospitals in their respective areas about participating in the Trauma system. William Millikan, proxy for Dr. Stephen Lanzarotti, shared information about the District 10 Work Group. By-Laws for the District 10 Trauma Advisory Council are close to being finalized. Art Logsdon noted that District 10 has by far been the most active district in their efforts to create and maintain a viable trauma care system in their geographic area.	N/A	N/A

9. Adjournment and Next Meeting Dates William VanNess , MD	Dr. VanNess entertained a motion to adjourn. On a motion by Spencer Grover, seconded by Merry Addison and passed unanimously, the meeting adjourned at 11:25 am. The next meeting is scheduled for May 10, 2013 at 10:00 am at the ISDH building. Future meeting dates: August 9 and November 8	N/A	N/A